



## GMVEMSC CLIA Certificate of Waiver Participation Form

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Reference the *GMVEMSC CLIA Certificate of Waiver Participation Requirements* document prior to completion of this form.

EMS Agency Name: \_\_\_\_\_

EMS Agency Address: \_\_\_\_\_

\_\_\_\_\_

EMS Agency Phone #: \_\_\_\_\_

Glucometer Brand/Model: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Title: \_\_\_\_\_

Agency Contact Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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